

JAN 18 2005

CERTIFICATE OF FACSIMILE TRANSMISSION 37 C.F.R. 1.6 & 1.8

I CERTIFY THAT THIS CORRESPONDENCE IS BEING TRANSMITTED BY FACSIMILE TO THE PATENT AND TRADEMARK OFFICE ON THE DATE AND TO THE NUMBER SHOWN BELOW. FAX. NO. 703-872-9306 COMPRISING TWENTY (20) SHEETS INCLUDING THIS PAGE.

Date:

January 18, 2005Samuel W. Apicelli
Samuel W. Apicelli
Reg. No. 36,427IN THE UNITED STATES PATENT AND TRADEMARK OFFICE

Appl. No. : 09/626,366
Applicant : Cathy Ilyse Hess
Filed : 07/24/2000
Title : CLINICAL WOUND MANAGER AND METHOD
TC/A.U. : 3626
Examiner : Frenel, Vanel
Docket No. : D4857-00006

Commissioner for Patents
P.O. Box 1450
Alexandria, VA 22313-1450
Sir:

TRANSMITTAL LETTER

Please find enclosed for filing:

- ☒ Amendment.
☒ Transmittal Letter. Please charge any fees in connection with this matter to Deposit Account No. 04-1679.
☒ Certificate of Facsimile

Date:

1/18/05

Respectfully Submitted,

Samuel W. Apicelli
Samuel W. Apicelli
Registration No. 36,427
Customer No. 000041396
DUANE MORRIS LLP
305 North Front Street
P.O. Box 1003
Harrisburg, PA 17108-1003
(717) 237-5516
swapicelli@duanemorris.com

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P.O. Box 1450
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AMENDMENT

Sir:

In response to the Office Action of October 18, 2004, please amend the above-identified application as follows:

Amendments to the Claims are reflected in the listing of claims which begins on page 2 of this paper.

Remarks/Arguments begin on page 12 of this paper.